CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filter ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST AAT OFFICEHOLDER OFFICE USE ONLY Mrs. Angela NAME NICKNAME LAST SUFFIX Collins 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # STATE ZIP CODE OFFICEHOLDER MAILING 11715 Kenzie Ct. Meadows Place, TX 77477 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (832 464-8577 PHONE Receipt # Amount S 6 CAMPAIGN MS / MRS / MR FIRST MI TREASURER Mrs. Julia NAME Date Processed NICKNAME LAST SUFFIX Date imaged Harvey 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #. ZIP CODE TREASURER ADDRESS 12010 Alston Dr. Meadows PLace, TX 77477 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (832) 684-9972 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Altach C/OH - FR) Reporting Limit 10 PERIOD Day Month Month COVERED 16 2025 THROUGH 4 2025 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff V General 2025 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (If known) Fort Bend ISD Board of Trustees, Position 3 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REFERRINGED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 2

5 C/OH NAME	16	Filer ID: (Ethics Commission Filers
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 456.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3552.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	s 5261.20
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO OF REPORTING PERIOD	s 453.59
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 3190.00

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Please complete either option below:

(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by		this the day of
20, to certify which, witness my har	nd and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering cath
(2) Unsworn Declaration My name is Angelo Coll My address is 11715 Kenzie ((stree Executed in Fort Bend County, Sta	Meadows Plante of Texas on the 3 days	of birth is 9/29/1975 ACC TX 17417 USA (state) (zip code) (country) of Acce TX 17417 USA (state) (zip code) (country) of Acce TX 17417 USA (state) (zip code) (country) of Candidate Officeholder (Declarant)
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us	Revised 1/1/2025

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL
Ĭ.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3552.86
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 456.00
3	SCHEDULE B. PLEDGED CONTRIBUTIONS	s
4	SCHEDULE E: LOANS	s 3190.00
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5261.20
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	S
0	SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s
t.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	S

The	instruction Guide explains how	to complete t	his form.	1 Total pages Schedule A1
2 FILER NAME	Angela Collins			3 Filer ID (Ethics Commission Filers
4 Date	5 Full name of contributor Tia Baker	out-of-state	PAC (ID#)	7 Amount of contribution (\$)
	6 Contributor address	City,	State, Zip Code	200.00
Principal occu	11510 Scottsdale M	eadow P		
Bus. D	pation / Job title (See Instructions) eV.		9 Employer (See Instru	ctions)
Date	Full name of contributor Karen Hargraves	Out-of-state F	PAC (IDB:)	Amount of contribution (\$)
8/27/2025	Contributor address,	City	State: Zip Code	100.00
Principal occup	12011 Meadowdale Nation / Job title (See Instructions)	Meadows	Place, TX 77477 Employer (See Instruc	ptions)
Date	Full name of contributor	out-of-state P	AC (ID#	Amount of contribution (\$)
107/0005	Kennedy Usoro			
/27/2025	Contributor address	City,	State, Zip Code	100.00
		ichmond,	ΓX	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor Diane Hiatt	Out-of-state P	AC (ID#)	Amount of contribution (\$)
/28/2025	Contributor address,	City;	State, Zip Code	100.00
	ation / Job title (See Instructions)	Meddows	Employer (See Instruct	tions)
	12107 Meadowhollow Dr. ation / Job title (See Instructions)	Meadows	Place, TX 77477	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angela Collins 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) Meghan Skemp 3/20/2025 300.00 6 Contributor address; City: State: Zip Code 12222 Dorrance Ln Meadows Place, TX 77477 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Strategis Env Consulting All4 Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Henrietta Brink 1/31/2025 25.00 Contributor address 12214 Meadowberry Meadows Place, TX 77477 Principal occupation / Job title (See Instructions) Employer (See Instructions) Nurse United Healthcare Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Tiffany Garcia 1/31/2025 250.00 Contributor address City: State: Zip Code 19227 S. Cottonwood Green Ln. Cypress, TX 77433 Principal occupation / Job title (See Instructions) Employer (See Instructions) HR AmTex Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Angela Collins 2/1/2025 352.00 Contributor address City. State: Zip Code 11715 Kenzie Ct. Meadows Place, TX 77477 Principal occupation / Job title (See Instructions) Employer (See Instructions) Data Mgmt Coord AIS

ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report

	tested information is not applicable, DO NOT include this page in th	e report.
1	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1
2 FILER NAM	ME.	3 Filer ID (Ethics Commission Filers
4 Date 2/1/2025	5 Full name of contributor Michelle Cockrum 6 Contributor address, City, State, Zip Code Meadows, Place, TX 77477	7 Amount of contribution (\$)
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instru	ctions)
Date 2/5/2025	Full name of contributor out-of-state PAC (ID#) Casey Collins Contributor address, City State 7th Code	Amount of contribution (\$)
Principal occur	11715 Kenzie Ct. Meadows, Place, TX 77477	96.62
/recker	pation / Job title (See Instructions) Employer (See Instructions) Imperial	tions)
/6/2025	Full name of contributor Meghan Skemp Contributor address. City: State: Zip Code Dorrance Meadows Place, TX 77477	100.00
Principal occup rategic En	v. Consulting Employer (See Instruct All4	ions)
11/2025	Full name of contributor Tayna Taylor Contributor address. City, State: Zip Code	Amount of contribution (5)
	Monticeto Meadows Place, TX 77477	30.00
etired	tion / Job title (See Instructions) Employer (See Instruction	ons)
15 provided in Y	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE If contributor is out-of-state PAC, please see instruction guide for additional rep	EDED orting requirements.
- production by te	cas Ethics Commission www.ethics state.bx.us	12

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Forms provided by Texas Ethics Commission

Revised 1/1/2025

SCHEDULE A1

Zip Code 200.00 77477 yer (See Instructions) Amount of contribution (\$) Zip Code 100.00 TX 77477	Angela Collins 5 Full name of contributor	PILER NAME
7 Amount of contribution (\$) Zip Code 200.00 77477 yer (See Instructions) Amount of contribution (\$) Zip Code 100.00 X 77477	Angela Collins 5 Full name of contributor	Date Principal occur
Zip Code 200.00 77477 yer (See Instructions) Amount of contribution (\$) Zip Code 100.00 X 77477	Tia Baker 6 Contributor address: City. State. Zip Code 11510 Scottsdale Meadow Place, TX 77477 Cupation / Job title (See Instructions) Dev. Full name of contributor Quil-of-state PAC (ID#	
77477 yer (See Instructions) Amount of contribution (\$) Zip Code 100.00 X 77477	11510 Scottsdale Meadow Place, TX 77477 cupation / Job title (See Instructions) Dev. Full name of contributor	
Amount of contribution (\$) Zip Code 100.00 X 77477	Dev. See Instructions 9	
Amount of contribution (\$) Zip Code 100.00 TX 77477	Pev. LJA Full name of contributor	
Zip Code 100.00	Full name of contributor	Bus. D
Zip Code 100.00	Karen Hargraves	
TX 77477		Date
X 77477	Contributor address: City. State. Zip Code	3/27/2025
rer (See Instructions)	40044 Mandaudala Mandaus Diago TV 7747	
	12011 Meadowdale Meadows Place, TX 7747 pation / Job title (See Instructions) Employer (See Instructions)	Principal occur
		Timepar occup
Amount of contribution (\$)	Full name of contributor out-of-state_PAC_(ID#	Date
X3X4 4X400 -0 3000	Kennedy Usoro	- 10-10005
Zip Code 100.00	Contributor address, City, State, Zip Code	2/27/2025
	39 Candence Ct Richmond, TX	
yer (See Instructions)		Principal occup
Amount of contribution (\$)	Full name of contributor out-of-state_PAC (ID#	Date
100.00	Diane Hiatt	
	Contributor address,	/28/2025
	12107 Meadowhollow Dr. Meadows Place, TX 77477	
		Principal occup
Yer (See Instructions) Amount of contribute Zip Code 100.00	Contributor address. City: State: Zip Code 39 Candence Ct Richmond, TX pation / Job title (See Instructions) Full name of contributor	Date 3/28/2025

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEE

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angela Collins 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Evan St. Germain 4/1/2025 6 Contributor address. 50.00 City: 12222 Meadowdale Dr. Meadows Place, TX 77477 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Teacher **FBISD** Full name of contributor Date Amount of contribution (\$) Katherine Samuel 4/2/2025 40.00 Contributor address. City: 11543 Mullholland Dr. Stafford, TX 77477 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Emergency Mgmt Ops Coordinator** SETRAC Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Lori Oliver 4/2/2025 96.62 Contributor address: City: State, Zip Code 714 W Greenbelt Sugar Land, TX 77498 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID# Amount of contribution (5) Michael Treybig 2/12/2025 500.00 Contributor address; State: Zip Code 811 Sandpiper Dr Sugar Land, TX 77478 Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

- Total Edge	lested information is not applicable, DO N	IOT include this page in th	ne report.
	he Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1
Angela			3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2025	5 Full name of contributor put-of-st	State, Zip Code	7 Amount of contribution (\$)
8 Principal occ Credit Sper	upation / Job title (See Instructions)	9 Employer (See Instru RediCarpet	ictions)
Date 3/30/2025	Paul Harvey Contributor address: City: 12010 Alston Dr. Meadows	State; Zip Code , Place, TX 77477	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 3/31/2025	Full name of contributor out-of-state Michael Rogers Contributor address; City: 12307 Scarcella Ln Meadows	State, Zip Code	Amount of contribution (\$)
Principal occupi oreman	ation / Job title (See Instructions)	Employer (See Instruct Downhole Pipe &	Equipment
1/1/2025	Jennifer Aguirre Contributor address, City, 12022 Alston Dr Meadows I	State: Zip Code	Amount of contribution (\$) 40.00
Principal occupa Wner	tion / Job title (See Instructions)	Employer (See Instruction GM Appliance and	

SCHEDULE A1

Value			1 Total pages Schedule A1
The	instruction Guide explains how to complete th	is form.	
Angela C			3 Filer ID (Ethica Commission Filers)
4 Date	5 Full name of contributor out-of-state P/ Kelle Mills	AC (IDW)	7 Amount of contribution (\$)
2/21/2025	6 Contributor address: City: Scottsdale Meadows, Pla	State: Zip Code	77.20
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PA Julie Ibarra	VC (iQM)	Amount of contribution (\$)
2/22/2025	Contributor address City.	State, Zip Code	10.00
	Monticeto Meadows Plac		
Principal occup	ation / Job title (See Instructions)	FBISD	tions)
Date 3/8/2025	Meghan Skemp Contributor address: City: Dorrance Meadows Place	State; Zip Code	100.00
	ation / Job title (See Instructions) v. Consulting	Employer (See Instruc All4	tions)
Date	Full name of contributor out-of-state PA Jennifer Cano	C (ID#	Amount of contribution (\$)
3/9/2025	Contributor address. City. Monitceto Meadows Place	State. Zip Code	23.79
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
AN Manage		OF THIS SCHEDULE AS N	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1 The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angela Collins 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID# Brian Frame 3/15/2025 6 Contributor address; Meadow Trail Meadows Place, TX 77477 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) Kristen Mahand 3/18/2025 Contributor address: Meadows Place, TX 77477 Principal occupation / Job title (See Instructions) Employer (See Instructions) Teacher **FBISD** Full name of contributor Date out-of-state PAC (ID# Amount of contribution (S) Katherine Samuel 3/19/2025 250.00 Contributor address: Stafford, TX 77477 Principal occupation / Job title (See Instructions) Employer (See Instructions) SETRAC Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Lisa Martens 3/25/2025 23.64 State, Zip Code Contributor address: 21611 Park Bend Dr. Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions) Champion Processes, Inc. Acct. Mgr. ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

SCHEDULE A1

The	Instruction Guide explains how	to complete	this form.	1 Total pages Schedule A1: 3
2 FILER NAME Angela C				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Joe Casler	out-of-state	PAC (ID#	7 Amount of contribution (\$)
3/12/2025	6 Contributor address: 7322 LaGranada	city: a Hous	State, Zip Code ton, TX 77083	50.00
8 Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor Leshundra Scott	out-of-state	PAC (IDN)	Amount of contribution (\$)
3/13/2025	Contributor address, 1834 Fall Meadow D	city: r. Missou	State; Zip Code uri City , TX 77459	100.00
Principal occup Media	ation / Job title (See Instructions)		Employer (See Instruction Bottomline	tions)
Date 3/13/2025	Full name of contributor Alfred Ortiz	cut-of-state	PAC (ID#	Amount of contribution: (\$)
0/13/2025	Contributor address: 12222 Meadowhollow D	city; Dr. Meadov	State: Zip Code ws Place, TX 77477	96.62
Principal occup Owner/Oper	ation / Job title (See Instructions)		TX Turf Co.	lions)
Date	Full name of contributor Angela Collins	out-of-state	PAC (ID#	Amount of contribution (\$)
3/15/205	Contributor address. 11715 Kenzie Ct Me	city.	State Zip Code	1.37
	ation / Job title (See Instructions) Coordinator		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2

	The instruction Guide explains how to complete this for	m.	1 Total pages Sche	dule A2
2 FILER NA	ME Angela Collins		3 Filer ID (Ethics C	Commission Filers)
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 456.00	
5 _{Date} 1/29/2025	6 Full name of contributor out-of-state PAC (IDN: Tia Baker 7 Contributor address; City; State; 11510 Scottsdale Meadows Place, TX	Zip Code 77477	8 Amount of Contribution \$ 276.00	9 In-kind contribution description
	scupation / Job title (FOR NON-JUDICIAL)(See Instructions)		er (FOR NON-JUDIC	IAL)(See Instructions)
	s principal occupation (FOR JUDICIAL)	LJA 13 Contrib	utor's job title (FOR J	UDICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spor	use (if any) (FOR JUDICIAL)
6 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date /27/2025	Full name of contributor)	Amount of Contribution \$ 180.00	In-kind contribution description
12112025	Contributor address; City; State; 11543 Mullholand Dr. Stafford, TX 77477	Zip Code		side of Texas. Complete Schedule
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) by Mgmt Ops Coord	Setrac	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR Ji	UDICIAL)(See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS If the reques	ted information is not applicable, DO N	NOT include this page in the r	SCHEDULE E
TI	ne Instruction Guide explains how to cor	nplete this form.	1 Total pages Schedule E
2 FILER NAME			3 Filer ID (Ethics Commission Filer
Angela Coll	ins		
4 TOTAL OF L	INITEMIZED LOANS		\$
Date of loan 2/3/2025 1/28/2025 3/28/2025	7 Name of lender out-of-star Angela Collins	te PAC (IDIII)	9 -Loan Amount (\$) 590.00
Is lender a financial	8 Lender address, City.	State, Zip Code	10 Interest rate
Institution? Y N	11715 Kenzie Ct Meadows I	Place, TX 77477	11 Maturity date
Data Mgmt Co		13 Employer (See Instructions) AIS	
Description of Col	lateral	Check if personal fur account (See Instruc	ids were deposited into political tions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address, City, ion (See Instructions)	State. Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender □ out-of-state Kimberly Francis	PAC (IDIF)	Loan Amount (\$) 2600.00
s lender a financial astitution?	Lender address, City. 12010 Blair Meadow Meadows	State, Zip Code	Interestrate
Y N	12010 Dian Meadow Meadows	s riace, 1X //4//	Maturity date
incipal occupation	1 / Job title (See Instructions)	Employer (See Instructions)	
Description of Collar Z none	teral	Check if personal functional Check if personal functions account (See Instructions)	ds were deposited into political ons)
SUARANTOR NEORMATION	Name of guarantor		Amount Guaranteed (\$)
/ not applicable	Guarantor address. City.	State, Zip Code	
nncipal Occupation	r (See Instructions)	Employer (See Instructions)	
4 /	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see inst	ES OF THIS SCHEDULE AS NEED	DED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

	EVEN DITUE CATEGO	DIEC COD DOV 0(-)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donators Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Or Food/Beverage Expense Prod/Beverage	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Angela Collins		
4 Date	5 Payee name		
2/19/2025 Amount (\$)	Capitol Grille	61	
A THOUSEN (B)	7 Payee address;	City;	State; Zip Code
12.72	The State Capitol	Au	ustin, TX
3	(a) Category (See Categories listed at the top of this sche-	dule) (b) Description	
PURPOSE			
OF EXPENDITURE	Food Exp	Meeting	
	(c) Check if travel outside of Texas. Complete Schedu	ule T Check if Aus	lin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0/0/0005	Chester Machen		
3/3/2025			
Amount (\$)	Payee address;	City:	State; Zip Code
700.00	1423 Brambleberry	Sugarla	nd, TX 77498
	Category (See Categories listed at the top of this schedule) Description Transporation		
PURPOSE OF EXPENDITURE		Transpora	tion up/Delivery install signs
THE RESIDENCE OF THE PARTY OF T	Other/Transportation Expense	Transpora Equip.Pick	up/Delivery install signs
OF EXPENDITURE	Other/Transportation Expense Check if travel outside of Texas Complete Schedu	Transpora Equip.Pick	up/Delivery install signs
OF EXPENDITURE Complete ONLY if direct	Other/Transportation Expense	Transpora Equip.Pick	up/Delivery install signs
OF EXPENDITURE Complete ONLY if direct	Other/Transportation Expense Check if travel outside of Texas Complete Schedu	Transpora Equip.Pick	up/Delivery install signs
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Other/Transportation Expense Check if travel outside of Texas Complete Schedu Candidate / Officeholder name	Transpora Equip.Pick	up/Delivery install signs
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Other/Transportation Expense Check if travel outside of Texas Complete Schedu Candidate / Officeholder name	Transpora Equip.Pick Check if Aus Office sought	up/Delivery install signs tin. TX. officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2/8/2025	Other/Transportation Expense Check if travel outside of Texas Complete Schedu Candidate / Officeholder name Payee name Shell	Transpora Equip.Pick	up/Delivery install signs
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2/8/2025 Amount (\$) 20.00	Other/Transportation Expense Check if travel outside of Texas Complete Schedul Candidate / Officeholder name Payee name Shell Payee address;	Transpora Equip.Pick Check if Aus Office sought	up/Delivery install signs tin. TX. officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2/8/2025 Amount (\$)	Other/Transportation Expense Check if travel outside of Texas Complete Schedul Candidate / Officeholder name Payee name Shell Payee address, Sugar Land, TX	Transpora Equip.Pick de T. Check if Aus Office sought City:	tin. TX. officeholder living expense Office held State, Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2/8/2025 Amount (\$) 20,00 PURPOSE OF	Other/Transportation Expense Check if travel outside of Texas Complete Schedul Candidate / Officeholder name Payee name Shell Payee address, Sugar Land, TX Category (See Categories listed at the top of this schedul Food Expense	Transporar Equip.Pick le T. Check if Aus Office sought City: Description Drinks and	up/Delivery install signs tin. TX. officeholder living expense Office held State, Zip Code
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 2/8/2025 Amount (\$) 20,00 PURPOSE OF	Other/Transportation Expense Check if travel outside of Texas Complete Schedul Candidate / Officeholder name Payee name Shell Payee address, Sugar Land , TX Category (See Categories listed at the top of this schedul	Transporar Equip.Pick le T. Check if Aus Office sought City: Description Drinks and	tin. TX. officeholder living expense Office held State, Zip Code

SCHEDULE F1

If the requested in	formation is not applicable, DO NOT inclu	de this page in the r	eport.			
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)				
Advertising Expense Accounting Banking Consulting Expense Contributions/Donetons Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Polls By Gift/Awards/Memorials Expense Print Legal Services Sala	Fees Office Overhead/Rental Expense Transportation Equip Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District				
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)			
rour pages outledde i'r	Angela Collins					
4 Date	5 Payee name		L			
3/31/2025	Chester Machen					
6 Amount (\$)	7 Payee address.	City;	State; Zip Code			
1250.00	1423 Brambleberry	Sugar L	Sugar Land, TX 77498			
PURPOSE	(a) Category (See Categories listed at the top of this achedul	(b) Description	(b) Description			
OF EXPENDITURE	Transportation/CL Expense	pickup delive	pickup delivery of signs, install 4x4 Sign			
	(c) Check if travel outside of Texas. Complete Schedule	T Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OH		since sough				
Date	Payee name					
3/31/2025	Dollar Tree					
Amount (\$)	Payee address;	City,	State; Zip Code			
8.12	Sugar Land, TX					
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Other Expense	Sign supplies				
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3/7/2025	Chester Machen					
Amount (\$)	Payee address,	City,	State Zip Code			
500 00	1423 Brambleberry	SugarLar	SugarLand, TX 77498			
PURPOSE OF	Category (See Categories listed at the top of this schedule)		Transporation Equip.Pickup/Delivery install signs			
EXPENDITURE	Other Expense	moten aigns				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin	EX. officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	DED			

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundratising Expense Transportation Equipment & Rislated Expens Consulting Expens Food/Beverage Expense Polling Expense Traivel in District Contributions/Donatons Made By Gill/Awards/Memorials Expens Printing Expense Travel Out Of District Candidate/Officeholder/Political Committe Legal Services Salarie s/Wages/Contract Labor Other (uniter a category riot listed above) Credit Card Playment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Angela Collins 4 Date 5 Payee name 3/17/2025 TX GOP Store 6 Amount (\$) 7 Payee address City: State Zip Code 698.62 1810 Afton Houston, TX (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Ad Expense 4x4 Signs Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 48 Hr Print 2/6/2025 Amount (\$) Payee address: City State Zip Code 151.77 Category (See Categories listed at the top of this schedule) Description PURPOSE Ad Expense OF Banner EXPENDITURE Check if travel outside of Texas Complete Schedule T Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date 1/22/2025 Vista Print Amount (\$) Payee address; City State. Zip Code 157.54 Calegory (See Categories listed at the top of this schedule) Description PURPOSE Ad Expense EXPENDITURE Business Cards and Pens Check If travel outside of Texas: Complete Schedule T Check if Austin, TX. officeholder irving expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)					
Advertising Expense Accounting Banking Consulting Expense Contributions/Donatons Made Candidate/Officeholder/Politi Credit Card Payment	Fees Office Food/Beverage Expense Politr By Gift/Awards/Memorials Expense Print	Repayment/Reinbursement a Overhead/Rental Expense g Expense ng Expense les/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Other (enter a category not listed above)				
	The Instruction Guide explains how	to complete this form.					
1 Total pages Schedule F1	F1 2 FILER NAME Angela Collins 3 Filer ID (Ethics Cor						
4 Date 2/8/2025	5 Payee name 24hourwristbands.com						
6 Amount (\$) 394.85	7 Payee address; City, State: Zip Code						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this achedule) Ad Expense Yard sign and stakes						
	(C) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oil	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
3/15/2025	Catdi.com						
3/15/2025 Amount (\$)	Catdi.com	City	State: 7in Code				
3/15/2025 Amount (\$) 403.50	Payee address. 8019 W. Grand Pkwy S. Richmo	city; nd, TX 77407	State: Zip Code				
Amount (\$) 403.50 PURPOSE OF	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule)	nd, TX 77407 Description	State; Zip Code				
Amount (\$) 403.50	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense	Description Push Cards					
Amount (\$) 403.50 PURPOSE OF	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	Description Push Cards	State; Zip Code n, TX, officeholder living expense Office held				
Amount (\$) 403.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	Description Push Cards Check if Austin	n. TX, officeholder living expense				
Amount (\$) 403.50 PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	Description Push Cards Check if Austin	n. TX, officeholder living expense				
Amount (\$) 403.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name	Description Push Cards Check if Austin	n. TX, officeholder living expense.				
Amount (\$) 403.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3/14/2025	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name Payee name Talyard Brewery Payee address, 1033 Imperial Blvd.	Description Push Cards Check if Austre Office sought	n. TX. officeholder living expense Office held State, Zip Code				
Amount (\$) 403.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3/14/2025 Amount (\$) 113.92 PURPOSE OF	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name Payee name Talyard Brewery Payee address, 1033 Imperial Blvd. Category (See Categories listed at the top of this schedule)	Description Push Cards Check if Austr Office sought	n. TX. officeholder living expense Office held State, Zip Code				
Amount (\$) 403.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3/14/2025 Amount (\$) 113.92	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas Complete Schedule T Candidate / Officeholder name Payee name Talyard Brewery Payee address, 1033 Imperial Blvd.	Description Push Cards Check if Austre Office sought City: Sugar Land	n, TX, officeholder living expense Office held State, Zip Code 1, TX 77498				
Amount (\$) 403.50 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3/14/2025 Amount (\$) 113.92 PURPOSE OF	Payee address, 8019 W. Grand Pkwy S. Richmo Category (See Categories listed at the top of this schedule) Ad Expense Check if travel outside of Texas. Complete Schedule T Candidate / Officeholder name Payee name Talyard Brewery Payee address, 1033 Imperial Blvd. Category (See Categories listed at the top of this schedule)	Description Push Cards Check if Austre Office sought City: Sugar Land Description Yard signs a	n, TX, officeholder living expense Office held State, Zip Code 1, TX 77498				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credi Card Psyment		Event Expense Fees FoodBeverage Expense GiltzAwards/Memorials Expense Legal Services The Instruction Guide explain	Office Overhead/Rental Expense Poling Expense ds/Memorials Expense Printing Expense		Solicitation/Fundrating Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F	2 FILER N		ts now to co	imprete this form.	Ta Eder ID (Em)	or Communium Educal			
	Angela Collins 3 Filer ID (Ethics Commission								
4 Date	5 Payee name								
2/10/2025	TX GOP Store								
6 Amount (\$)	7 Payee address; City; State; Zip Code								
426.93	1810 Afton Houston, TX								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ad Expense			(b) Description Yard Signs					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held			
Date	Payee na	me							
2/6/2025	48 Hr F	Print							
Amount (\$) 151.77	Payee ad	dress		City,	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Ad Expense Banner								
	n.	Check if travel outside of Texas. Complete Sci	hedule T	process and the same of the sa	tin, TX, officeholder livir	NO DECEMBE			
Complete ONLY if direct experiditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held			
1/22/2025	Payee na Vista P								
Amount (\$) 157.54	Payee add	dress,		City.	State,	Zip Code			
PURPOSE OF EXPENDITURE	Category Ad Exp	See Categories listed at the top of this sof	(nedule)	Description	Carde and D				
		Treak if traver outside of Texas - Complete Suh	and the Y	Business Cards and Pens					
Complete Odaly 4 4	A		MARINE I		n. TX officeholder ivery				
Complete ONLY if direct expenditure to benefit C/Or		te / Officeholder name		Office sought		Officer held			
	ATT	ACH ADDITIONAL COPIES O	OF THIS SO	HEDULE AS NEE	DED				